


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90015 007 ***150.00

DOCUMENT # P96000093087


1. Entity Name
A.B. DESIGN GROUP, INC.



Principal Place of Business Mailing Address
1441 N. Ronald Reagan Blvd. **1441 N. Ronald Reagan Blvd**
LONGWOOD, FL 32750 US **LONGWOOD, FL 32750 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1441 N. Ronald Reagan Blvd **1441 N. Ronald Reagan Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Longwood **Longwood**
 Zip Country Zip Country
32750 USA **32750 USA**



02152007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3411002 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **JAMES TELESZ**

Street Address (P.O. Box Number is Not Acceptable)
3342 Lakeview Oaks Drive

City **Longwood** FL Zip Code **32779**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		
TITLE NAME	DPT BUEHLER, ALBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1441 COUNTY RD. 427 N.	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE NAME	Treasurer/CEO PERDUE, ROSS	<input type="checkbox"/> Delete
STREET ADDRESS	128 SHOMATE DR.	
CITY-ST-ZIP	LONGWOOD, FL	
TITLE NAME	President/CEO TELESZ, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	612 CHATAS CT	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE NAME	Secretary/CEO CANTWELL, JAMES J JR.	<input type="checkbox"/> Delete
STREET ADDRESS	1441 COUNTY ROAD 427	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE NAME	COYNE, KENNETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	942 DELFINO PLACE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE NAME	Wally Mackeed Vice President	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	3342 Lakeview Oaks Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Longwood, Fl.	
CITY-ST-ZIP	32779	
TITLE NAME	2617 Country Club Rd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Eustis, Fl.	
CITY-ST-ZIP	32750	
TITLE NAME	Vice President Wally Mackeed	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1716 Shoshone Trl.	
CITY-ST-ZIP	Casselberry FL 32707	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Telesz **JAMES TELESZ** 2/19/07 407-774-3078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #